STATE WATER RESOURCES CONTROL BOARD STATE DEBARTMENT OF MEALTH

SIAIL DEFA	SFUND RECORDS CTR
PRODUCER OF WASTE (Must be filled by producer)	HAULER OF WASTE (Must be filled by hauler) 999000444
Name (print or type): WESLOCK CO	Name (print or type): All AMERICAN OIL COMPANY
Pick up Address: 13344 S MAIN L. A California	Business Address: 8655 So. Main Street, Los Angeles 90003
(Number) (Street) (City) Telephone Number: P.O. or Contract No.:	Telephone Number: 213) 759-6145 Pick Up: Time:;pm
Order Placed By: Date:	State Liquid Waste Hauler's Registration No. (if applicable): 118
Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drillingCode No wastewater treatment, pickling bath, petroleum refining)	Job No.: 6 Loads or Trips: Unit No.: 17 2 Vehicle: Sugarum truck / berrels, flatbed, other TANK
vestewater treatment, pickling bath, petroleum refining) DESCRIPTION OF WASTE (Must be filled by producer)	facility named below and was accepted.
Check type of wastes: 1.	I certify (or declare) under penalty of perjury that the foregoing is true and correct. Signature of authorized agent and title
3. Pesticides 10. Drilling mud 4. Paint sludge 11. Contaminated soil and san	DISPOSER OF WASTE (Must be filled by disposer)
5. Solvent 12. Cannery waste 6. Tetraethyl lead sludge 13. Latex waste 7. Chemical toilet wastes 14. Made and water 15. Brine	Name (print or type):
Other (Specify) Code No	The hauler apove delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements. State
Components:	Quantity measured at site (if applicable): State fee (if any):
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), Upper Lower % ppm	Handling Method(s):
organics (list), cyanide)	recovery
. Nove	treatment (specify):
<u>. </u>	treatment (specify): (Examples: incineration, neutralisation, precipitation)-Code No. disposal (specify):landfillinjection well
<u>4</u>	If waste is held for disposal elsewhere specify final location:
5	Disposal Date:
6	I certify (or declare) under penalty of perjury that the foregoing is true
Hazardous Properties of Weste: pH	and correct. Signature of authorized agent and title
Bulk Volume: 500 gal tons barrels other	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: (Number) drums	
Physical State: Solid Miquid Sludge Other	
Special Handling Instructions (if any):	
	-
<u>-</u>	- OSESKA
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).	, · · · · · · · · · · · · · · · · · · ·

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

authorized agent and ka

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name